

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000142426

Entity Name: CR & HB INSURANCE SOLUTIONS, LLC**Current Principal Place of Business:**220 E CENTRAL PKWY
SUITE 2070
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**220 E CENTRAL PKWY
SUITE 2070
ALTAMONTE SPRINGS, FL 32701 US**FEI Number:** 45-4079279**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAMLIN, ALVIN C
220 E CENTRAL PKWY
SUITE 2070
ALTAMONTE SPRINGS, FL 32701 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	CHELSEA RHONE, LLC	Name	SHELL CREEK, LLC
Address	130 S FIRST STREET 4TH FLOOR	Address	220 E CENTRAL PKWY SUITE 2070
City-State-Zip:	ANN ARBOR MI 48104	City-State-Zip:	ALTAMONTE SPRINGS FL 32701
Title	MGR	Title	MGR
Name	HAMLIN, PAUL B	Name	HAMLIN, ALVIN C
Address	220 E CENTRAL PKWY SUITE 2070	Address	220 E CENTRAL PKWY SUITE 2070
City-State-Zip:	ALTAMONTE SPRINGS FL 32701	City-State-Zip:	ALTAMONTE SPRINGS FL 32701
Title	MGR	Title	MGR
Name	FEENEY, PETER L	Name	FEENEY, MARC
Address	130 S FIRST STREET 4TH FLOOR	Address	130 S FIRST STREET 4TH FLOOR
City-State-Zip:	ANN ARBOR MI 48104	City-State-Zip:	ANN ARBOR MI 48104
Title	MANAGER		
Name	KACHRIS, THEODORE L		
Address	220 E CENTRAL PKWY SUITE 2070		
City-State-Zip:	ALTAMONTE SPRINGS FL 32701		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THEODORE KACHRIS**MANAGER****04/24/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date